## JUN 1 3 2007



toll free: (800) 661-4237 ipinfo@blgcanada.com www.blgcanada.com

BORDEN LADNER GERVAIS

TO THE ATTENTION OF:

Deposit Account Branch

COMPANY:

**USPTO** 

CITY:

Alexandria, VA

FAX NUMBER:

571-273-8300

DATE / TIME:

June 13, 2007

FROM:

**Gail Silver** 

**DIRECT DIAL:** 

(613) 237-5160

**OUR FAX NUMBER:** 

(613) 787-3558

RE:

United States Patent Appln No. 10/572,950

Title:

PHARMACEUTICAL FORMULATIONS OF

XANTHOGENATES AND INHIBITORS OF VIRAL

NUCLEIC ACID REPLICATION (E.G.

ACICLOVIR)

Inventor(s):

AMTMANN, Eberhard

Our File:

**PAT 3344W-2 US** 



NUMBER OF PAGES INCLUDING THIS PAGE:

3

**CONFIRMATION TO FOLLOW: None** 



TBC No.: 547497
NOTICE: THIS COMMUNICATION IS INTENDED TO BE RECEIVED BY THE INDIVIDUAL OR ENTITY TO WHOM OR TO WHICH IT IS ADDRESSED AND CONTAINS INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND SUBJECT TO COPYRIGHT. ANY UNAUTHORIZED USE, COPYING, REVIEW OR DISCLOSURE IS PROHIBITED. PLEASE NOTIFY THE SENDER IMMEDIATELY IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR BY CALLING (COLLECT, IF NECESSARY), SO THAT WE CAN ARRANGE FOR ITS RETURN AT OUR EXPENSE. THANK YOU FOR YOUR CO-OPERATION.

4

IP THERE IS A PROBLEM WITH TRANSMISSION OR IF ALL PAGES ARE NOT RECEIVED, PLEASE CALL Augela Armstrong-Baker AT (613) 237-3160.

RECEIVED CENTRAL FAX CENTER

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JUN 1 3 2007

In re Application of:

AMTMANN, Eberhard

Serial No.:

10/572,950

Filed: Title: September 9, 2004

PHARMACEUTICAL FORMULATIONS OF XANTHOGENATES AND

INHIBITORS OF VIRAL NUCLEIC ACID REPLICATION (E.G.

ACICLOVIR)

Group:

1614

Examiner:

Attorney Ref.:

**PAT 3344W-2 US** 

June 13, 2007

Commissioner for Patents
United States Patent and Trademark Office
P.O. Box 1450
Alexandria, Virginia
22314-1450, U.S.A.

## **Attention Deposit Account Branch**

Dear Sir:

On March 21, 2006, we submitted a Petition to Revive, together with a Fee Transmittal form for \$1,500.00. On May 8, 2006 our Petition was granted. Upon review of our Deposit Account 501593, it does not appear that the money was debited. Please find enclosed a copy of the Fee Transmittal originally submitted. Please ensure that the fees have been debited from our deposit account. Thank you.

Respectfully submitted, Eberhard AMTMANN

**5**...

Gail C. Silver Reg. No. 47,945

Borden Ladner Gervais LLP World Exchange Plaza 100 Queen Street, Suite 1100 Ottawa, ON K1P 1J9

CANADA

Tel: (613) 237-5160 Fax: (613) 787-3558

E-mail: lpinfo@blgcanada.com

GCS/aab

06/14/2007 TL0111

00000036 501593

10572950

01 FC:1453

1500.C0 DA

RECEIVED

JUN 1 3 2007

10/572958

Date March 21, 2006

PTO/SB/17 (12-04) oved for use through 67/31/2006. Calif 0651-0032 mark Office: U.S. DEPARTMENT OF COMMERCE U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMME Under the Progressive Reduction Act of 1995 no populars are received to respond to a collection of information united it displays a verigi CMS control nur Complete If Known Effetilies on 12/08/2004. Fees pursuant to the Cornelidated Appropriations Act, 2005 IM.R. 4818 Application Number Int. Appl. No.: EP2004/010044 TRANSMITTA Int. Date: September 9, 2004 Filting Dale For FY 2005 Eberhard AMTMANN First Named Inventor **Examiner Name** Applicant claims amail entity status. See 37 CFR 1.27 Art Unit (\$) 1500.00 TOTAL AMOUNT OF PAYMENT PAT 3344W-2 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check | Credit Card Money Order Other (please identify): 501593 Borden Ladner Gervals LLP Deposit Account Deposit Assount No. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filling fee Thatge any additional fee(s) or underpayments of fee(s) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and duthorization on PTD-2638. FEE CALCULATION 1. Basic filing, Search, and Examination Fees FILING FEES SEARCH FEES **EXAMINATION FEES** Small Enuty SmallEothy SMAILENTRY Fee (5) Application Type Feo (5) Foo (5) Fees Pald (\$) Fee (E) FRE (\$) Fee (T) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 200 Plant 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 2. EXCESS CLAIM FEES Small Entity Fee (3) Fee Description Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 Total Clubmy Entra Cialma Foe Paid (\$) Multiple Dependent Claims Fee (3) - 20 or HP = Fee (5) Foo Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Ctaims Fee (3) Fee Pakt (\$) - 3 or HP HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(C) and 37 CFR 1.16(a). Total Shoots Extra Shoots Number of each additional 50 or fraction thereof Fee (5) Fee Paid (3) - 100 = \_ (round sip to a whote number) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 1500.00 Other: Petition for Revival of an Application for Patent Abandoned... STREWILLED BY Registration No. 47,945 nada alder Signature Talaphona (6<u>13) 237-5160</u>

This collection of Information is required by S7 CFR 1.138. The information is acquired to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 35 minutes to complete, including grathering, preparing, and submitting the complete explication form to the USPTO. This will very departing upon the including upon the including upon the including upon on the source of the your require to complete the term and/or suggested this burden, should be sume to the Crisis Information Officer, U.S. Perton and Tredement Office, U.S. Department of Converce, P.D. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES DR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Name (Print/Type) Gail C. Silver